PRINTED: 03/31/2014 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER ARLINGTON PLACE HEALTH CAMPUS (X4) ID PREFIX ITAGE NOT USE ITERATION FOR ARLINGTON AVE INDIANAPOLIS, IN 46218 (X4) ID PREFIX ITAGE NOT USE ITAGE OF THE RECORDE BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION) R 000 INITIAL COMMENTS Arlington Place Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the initial certification and State Licensure Survey.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
ARLINGTON PLACE HEALTH CAMPUS 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ROUD INITIAL COMMENTS Arlington Place Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the			013005	B. WING		03/27/2014		
ARLINGTON PLACE HEALTH CAMPUS INDIANAPOLIS, IN 46218 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R 000 INITIAL COMMENTS Arlington Place Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the	NAME OF PI	ROVIDER OR SUPPLIER						
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 000 INITIAL COMMENTS Arlington Place Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the	ARLINGTO	ON PLACE HEALTH CAN	IPLIS					
Arlington Place Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
in compliance with 410 IAC 16.2 in regard to the	R 000	00 INITIAL COMMENTS		R 000				
		in compliance with 41	0 IAC 16.2 in regard to the					

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE